

OCT 20 2004

Atty Dkt A213 1010.1

## IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 10/627,680	Confirmation No. 4613
Application of: G. ATANASOV	Group Art Unit: 2816
Filing Date: July 28, 2003	Examiner: Lepisto, Ryan A.
Title: Optical Monitoring of Thin-Film Deposition	Docket No. A213 1010.1 Customer No. 26158

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam:

In response to the September 23, 2004 office, please enter and consider the following amendment and remarks.

Changes to the claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

OCT 20 2004

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

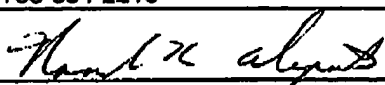
(to be used for all correspondence after initial filing)

<b>Application Number</b>	<b>10/627,680</b>		
	<b>Filing Date</b>	<b>7/28/2003</b>	
	<b>First Named Inventor</b>	<b>ATANASOV</b>	
	<b>Group Art Unit</b>	<b>2816</b>	
	<b>Examiner Name</b>	<b>Lepisto, Ryan A.</b>	
<b>Total Number Of Pages In This Submission</b>	<b>16</b>	<b>Attorney Docket No.</b>	<b>A213 1010.1</b>

**ENCLOSURES (check all that apply)**

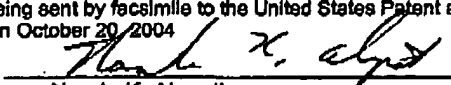
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	1.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks <input type="checkbox"/>	

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Or Individual Name	Customer No. 26158 Womble Carlyle Sandridge & Rice, LLC P.O. Box 7037 Atlanta, Georgia 30357-0037 703-394-2216	
Signature		
	Nanda K. Alapati	39,893
Date	October 20, 2004	

**CERTIFICATE OF FACSIMILE TRANSMITTAL**

I hereby certify that this correspondence is being sent by facsimile to the United States Patent and Trademark Office, at fax number 703-872-9306 (USPTO Customer Window) on October 20, 2004

  
Nanda K. Alapati

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WASHINGTON 113432v2

<b>FEE TRANSMITTAL for FY 2005</b>				<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>				Application Number	10/627,680
				Filing Date	7/28/2003
				First Named Inventor	ATANASOV
				Examiner Name	Lepisto, Ryan A.
				Group Art Unit	2816
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				New Attorney Docket No.	A213 1010.1
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)		162.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None		
Deposit Account Number	09-0528		
Deposit Account Name	Womble Carlyle Sandridge & Rice		
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION		3. ADDITIONAL FEES																																																																																																																																																																																																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Nanda K. Alapat	Registration No. (Attorney/Agent)	39,893
Signature	<i>Nanda K. Alapat</i>	Telephone	703-394-2216
		Date	October 20, 2004

**DUPLICATE COPY FOR  
FEE PROCESSING**

WASHINGTON 127686V1

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>				<b>Complete if Known</b>																																																																																																																																																																																																																																																																																																							
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<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>09-0528</u> Deposit Account Name: <u>Womble Carlyle Sandridge &amp; Rice</u> The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>FEE CALCULATION (continued)</b> <b>3. 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<b>SUBMITTED BY</b> Name (Print/Type): <u>Nanda K. Alapati</u> Signature: <u>Nanda K. Alapati</u>				<b>Complete (if applicable)</b> Registration No. (Attorney/Agent): <u>39,893</u> Telephone: <u>703-394-2216</u> Date: <u>October 20, 2004</u>																																																																																																																																																																																																																																																																																																							

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